

have worked in their states to bring awareness to the issue, changes in policy and coordination in efforts to prevent childhood drinking. As an example of extensive grassroots activity in underage drinking, more than 2,000 grassroots events were held in 2010 to focus on underage drinking.

The combined national initiatives, state focus, and grassroots activities have contributed to a significant decline in underage drinking in the United States as discussed on page 1-2 of this document. In 1991 when the first Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention (YRBS) survey was administered, 50.8% of youth in grades 9-12 reported current alcohol use, or use with 30 days prior to the survey. The latest survey results in 2009 showed that number had dropped to 41.8%, a statistically significant drop with a p-value of 0.00. That statistical difference means that youth in 1991 were more likely than youth in 2009 to be current drinkers. The number of states and territories participating in YRBS survey data collection was fifty-three (53) in 2009; thirty-six (36) were states in which there was a First Spouse member of the Leadership Foundation. When looking at the data from those specific states, all states showed a marked decline in current alcohol with an average decline of 9.4%. Ten out of the 36 showed a statistically significant decline in current youth alcohol users. The front-runners in decline were New Mexico, Rhode Island and North Dakota, and Utah showed the lowest rate of current alcohol use among all states in 1991 and 2009 (26.6 to 18.2).

Despite significant headway in the prevention of underage drinking, current levels are still too high. Researchers continue to document the importance of protecting the development of the adolescent brain from the toxic effect of alcohol. Adolescent alcohol use contributes to a host of social, emotional, legal, academic, and physical consequences. Children who begin using alcohol before age 15 are more likely to develop a full-blown addiction and a lifetime of lost productivity from it. The country's attention to it must be continued and expanded.

Therefore, the Leadership Foundation has launched a 2012 initiative to create "virtual statewide coalitions" with support from NABCA (National Alcohol Beverage Control Board Association). The website, with the First Spouse as the convener, provides a place for all the coalitions in a state to register along with vital, relevant state departments, and agencies as well as relevant alcohol reduction and youth serving agencies. The purpose of this initiative is to facilitate more effective conversations between state and local efforts to prevent underage drinking, and to distribute timely alerts from national agencies to state and local groups.

Mr. President, I hereby offer these aforementioned accomplishments of The Leadership To Keep Children Alcohol Free Foundation, and in so doing, seek to commemorate for posterity their important work and highlight the value of protecting our nation's children from the dangers of underage drinking.●

TRIBUTE TO LOUIE A. WRIGHT

● Mrs. MCCASKILL Mr. President, today I wish to honor the work of Louie A. Wright. In our great Nation, there are labor leaders and then there are exceptional labor leaders. Louie Wright is one of those exceptional labor leaders.

Louie recently retired as the head of the International Association of Firefighters Local 42 in Kansas City, but

Louie will never stop working and fighting for working men and women of Missouri and, for that matter, the Nation.

Louie is exceptional for many reasons, not the least of which are his intellect, his professionalism, and his ability to work with, not against, management to the benefit of his membership.

I have known Louie for over 30 years. I have watched him under pressure. I have watched him succeed. I have watched him stumble from time to time. But through it all he remained steadfast and loyal to his friends and willing to do anything for his fellow firefighters.

Louie grew up in Kansas City and, as a young man, became a firefighter for the city of Kansas City, MO, Fire Department. It was a full-time job, but for Louie full-time is 24 hours-a-day, so in 1988 he entered law school at the University of Missouri in Kansas City.

He received a law degree and was admitted to the Missouri, Kansas, Colorado and Federal bar. Louie also clerked in the U.S. District Court in the Western District of Missouri, and he accomplished all of this while serving the people of Kansas City as one of their most dedicated firefighters.

Having a labor leader with a law degree is a powerful force when negotiating labor contracts, and the men and women of the city's fire department recognized that, electing Louie president of IAFF Local 42 in 1995.

What also set Louie apart was his understanding that for firefighters to expect decent wages and benefits, the department had to demand that it become a first-rate firefighting and fire prevention force. And today Kansas City has one of the best and most well-respected fire departments in the Nation.

Louie did not just care about his firefighters, but he cared for all the working men and women of Kansas City and was and remains a member of the executive committee of the Greater Kansas City AFL-CIO. In addition, one of his true passions is health care and its delivery to all Kansas Citizens. Louie spent untold volunteer hours on the board of the Truman Medical Center and the Mid-America Health Coalition.

In conclusion, we honor him today as an exceptional labor leader. Upon Louie's retirement, IAFF Local 42 lost an amazing president. However, Kansas City has not lost one of its finest advocates for the working men and women. Thankfully, his work will continue. I treasure his friendship and am proud to recognize his immense contributions.●

RURAL HEALTH EDUCATION NETWORK

● Mr. NELSON of Nebraska. Mr. President, today I wish to recognize the 20th anniversary of a successful program in my home State of Nebraska called the Rural Health Education Network, or RHEN which focuses on increasing the health workforce.

The RHEN program was established at the University of Nebraska Medical Center, UNMC, as an effort to develop a network of volunteer faculty in communities across the State who would serve as mentors for students entering into various health care professions to perform rural rotations as part of their training. This partnership between UNMC and these Nebraska communities provides hands-on training for these health profession students.

Working with volunteer faculty across rural Nebraska communities, almost all UNMC students are able to complete a rural rotation during their education. Students spend up to 2 months living and working in a rural community under the guidance of a local health professional. In 2010, more than 530 students from UNMC participated in 854 rural rotations in 74 Nebraska communities. The program allows these UNMC students to experience the good life in Nebraska communities, inspiring many students to launch a health career in a smaller community.

The RHEN program has since expanded to promote career opportunities in health care to students in rural areas and smaller communities. In fact, RHEN has become the umbrella under which most of UNMC's rural outreach education activities are accomplished.

One goal of RHEN has been to create innovative programs at the undergraduate level and establish a career pipeline for students from rural areas to become health care professionals in rural Nebraska. A key component in attaining this goal was the establishment of the Rural Health Opportunities Program, or RHOP.

Built on the logic that persons raised in rural areas are more likely to return to rural areas after school, RHOP gives youth from rural areas a head start in pursuing a health care career. Under RHOP, qualified high school graduates receive tentative acceptance into one of nine UNMC health profession programs when they begin undergraduate studies at either Chadron State or Wayne State College in Nebraska. The undergraduate tuition is waived for these students, provided they meet all applicable academic standards.

The RHOP program provides students a career path to nearly every health care field, including medicine, nursing, pharmacy, dentistry, dental hygiene, physical therapy, physician assistant, radiography, and clinical laboratory science. Since its inception,

Seventy-five percent of all practicing UNMC RHOP graduates have worked in a rural community for at least part of their careers;

Currently, 183 out of 359 practicing RHOP graduates are health care providers in rural Nebraska;

Two hundred fifty-three RHOP alumni are practicing in 57 Nebraska counties; and

Seventy percent of RHOP graduates stay in Nebraska.